

HISTORY FACILITY PROFILE

HALES REST HOME
150 EAST CENTER STREET
SPANISH FORK UT 84660
STATE'S REGION CODE: 001

PROVIDER #: 46A061
PHONE NUMBER: (801) 798-6220
PARTICIPATION DATE: 12/01/1991 CERTIFIED: 29

FACILITY BEDS
TOTAL: 29
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 06/18/2002

TOTAL: 29
MEDICARE: 0
MEDICAID: 16
OTHER: 13

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 29

18 18/19 19 ICF/MR
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CURRENT SURVEY REVISIT DATES - 09/04/2002

PRIOR 3 SURVEY 06/1999	S/S CODE	PRIOR 2 SURVEY 06/2000	S/S CODE	PRIOR 1 SURVEY 09/2001	S/S CODE	CURRENT SURVEY 06/18/2002	S/S CODE	PLAN/DATE OF CORRECT
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PROGRAM REQUIREMENTS

		X	D	X	D			08/15/2002	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
				X	E	X C	E		REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
				X	D				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
X	D	X	E						REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
				X	D				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
				X	D				REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
X	D			X	D	X C	E	07/15/2002	REQ F0353-SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS
		X	E						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	D			X	D				REQ F0372-DISPOSE GARBAGE & REFUSE PROPERLY
									REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
X	D								REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
									REQ F0518-TRAIN EMPLOYEES, EMERGENCY PROC/DRILLS

EDITION OF LSC APPLIED

85 EXIST PRIOR 3 SURVEY 06/1999	85 EXIST PRIOR 2 SURVEY 05/2000	85 EXIST PRIOR 1 SURVEY 09/2001	85 EXIST CURRENT SURVEY 06/25/2002	PLAN/DATE OF CORRECTION
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LSC DEFICIENCIES - BLDG NO. 01

			X C	08/15/2002	K0018-CORRIDOR DOORS
					K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
					K0046-EMERGENCY LIGHTING
					K0047-EXIT SIGNS
					K0050-FIRE DRILLS
			X C	08/01/2002	K0052-TESTING OF FIRE ALARM
			X C	07/17/2002	K0056-AUTOMATIC SPRINKLER SYSTEM
X					K0059-WATER FLOW DEVICE
	X		X C	07/15/2002	K0062-SPRINKLER SYSTEM MAINTENANCE
			X C	08/01/2002	K0066-SMOKING REGULATIONS
	X				K0069-COOKING EQUIPMENT
X	X	X	X C	07/17/2002	K0104-PENETRATIONS OF SMOKE BARRIERS
X	X	X	X C	07/15/2002	K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	2	6	3	4
HEALTH TOTAL	2	6	3	4
LIFE SAFETY CODE	7	7	6	3
LIFE SAFETY CODE + HEALTH	9	13	9	7

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
07/10/2002	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT